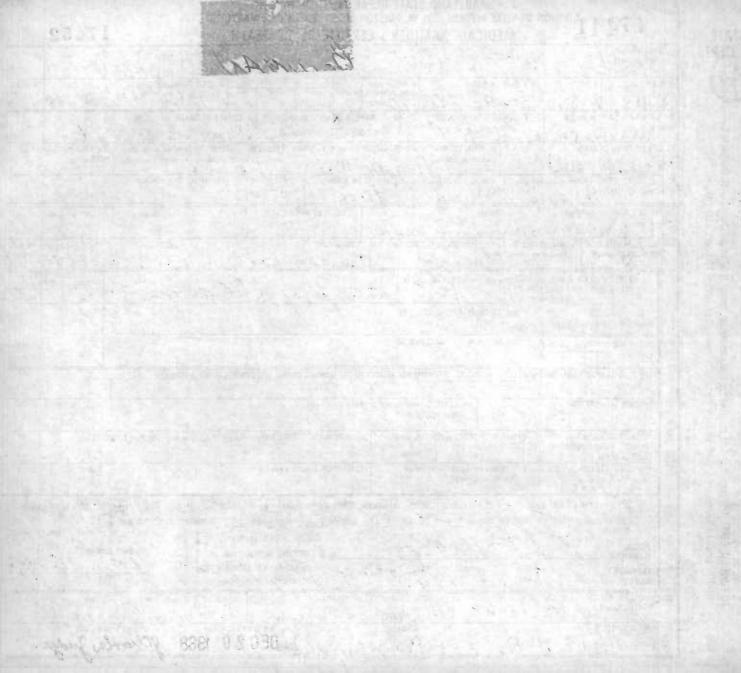
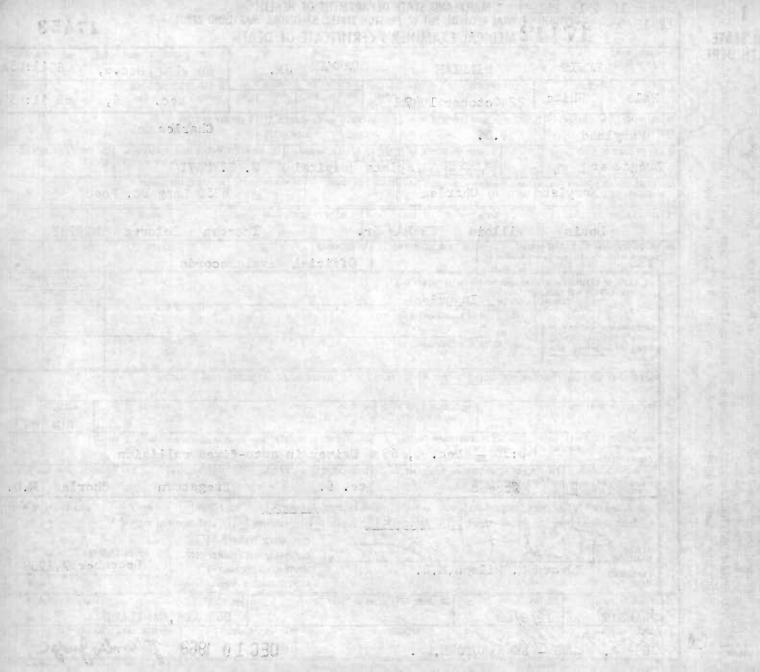
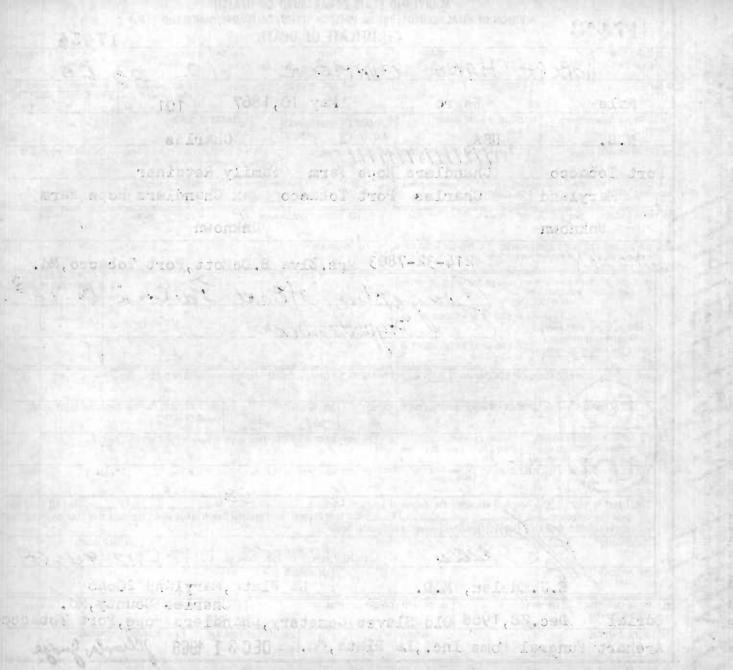
2/	MARYLAND STATE DEPARTMENT OF HEALTH	
EOD CTATE	1744 1 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  17452	
FOR STATE		Louis Maria
HEALIN DEFI.	(Type or Print) /     COC (-// )	2b. HOUR
5 € A	3. SEX 4. RACE 5. DATE OF BIRTH 16. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD	-
deloy and 3 M3 to	lost birthday) MONTHS DAYS HOURS MIN. Month / 2 Day 4 6 / Vors	2d. HOUR
0 >	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1 M
es 1, 2, form Pl	(country)	
	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSI	MC OP
Give Pages Slong with for with the State eoth.	Discoult give street oddress) D during most of yorking life, even if retired.) INDUSTRY	1123 OK
	A3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
Skifter along dlong with deoth.	admission) STATE PIS GALL 13b. COUNTY CHASTES Md YES NO	
Office Office offer of the control o	14. FATHER'S NAME Figet Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	
	JAHN WESIEV BOWMAN	
hin 2 niner s pages hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	WASh
within pencil xomine ile pag 72 hou	(Yes, no, grupkgawn) (If yes give war or dates of service) A Charles Bowman 3033 Kniex St	
- 6 E	APPROXIMATE	INTERVAL
xecuted and in Medical Experimit. Fi	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:	L.C.
be executed "pending" ir iief Medicol 8 insit permit. I event within	4/09 DUE TO, OR AS A CONSEQUENCE OF	72.3
be eximpend inef Me ansit properties of the prop	Canditions, if any, which gave rise ta immediate cause (a), (b)	
ould vord ne Cl al-tra any	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be one word "pe on the Chief burial-transit in any ever	lost. (c)	
is certificate should e, writing the word forwarded to the Cl e used os a burial-tr removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certificate writing the served of the served	× 4201	
is certific te, writin forward ie used or removol,	196. ONDITION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY WAS PERFORMED?	?
- p e g -	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NO 🗌
# 4 9 0		
INER: e certif should files. 3 shoull ation,	용 CAUSE OF DEATH P.M. 19	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK OF INJURY (At home, farm, street, at work of actory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town County	State
DEPUTY DICAL EXAMINER: cessory, please execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremation.		
AL exec r. P l fol l fol urio	22a. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection, Inquiry, and in my	/ apinian
olease edirector director etained DIRECT or to bu	death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner	
dir dir	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
ITY.	SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   22b. DATE SIGNED  PAMINED'S  DEPUTY MEDICAL EXAMINER	10
O DEPUTY necessory, p the funeral s may be r D FUNERAL Health print	NAME (Type)	9
TO DEPUTY necessory, plec the funeral dir 5 may be reta TO FUNERAL DII Health prior t		tate)
	REMOVAL (Specify) 13-18-68 St. Charles Church Glymont. Md	
	24. FUNERAL DIRECTOR . ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15ME (5)	Johnson F. H Rt. 224 Pomon Hay, W. DAT DEC 20 1968 Icharles Judge	L
W		



1		ems 10 & /13/68 k	DIVISION	OF VITAL RE	CORDS, 301	W. PRESTO	N STREET, E	BALTIN	MORE, M	MARYLA	ND 21	201		1 1	745	3
FOR STATE			工工作任任	MEDIC	AL EXAMI				OF DE							
HEALTH DEPT.  ∴ ♀ ቈ ቕ		ECEASED-NAME Type or Print)	EWIS first	WI	Middle LLIAM		BURKMAN	7	JR.		20. DATE OF DEATH	KNOWN MATED	Month	.6,	Yeor 1968	2b. HOUR L1:05
	3. 5	Male 4	RACE White	S. DATE OF BIR	TH ober 19	6. AGE (In years last pirthday) + 2 1 YR		EAR AYS	IF UNDER 2 HOURS		2c. DATE I	PRONOUNCED Dec.	DEAD		1,68	2d. HOUR L1:05
Depar	70. l	BIRTHPLACE (Stote	or foreign 71	b. CITIZEN OF WH	AT COUNTRY?	8. M.	ARRIED NEVE	R MARRI DIVORC	ED (X)	9. COUN		rles			17	14
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after 3. Giv along along with the eath.	130.	USUAL RESIDENCE dmission) STATE	(Where deceose	d lived, if institution 13b. COUNTY	rion: Residence b Charles	efore 13c. CIT	Y OR TOWN	13d. II	NSIDE CITY LI	MITS?	13e. STREE	ET AND NUM Long	BER			
haurs Item 18 Office I and 2 after d		ATHER'S NAME	First	Middle		Lost	15. MOTHER'S		N NAME	First			ddle		Lost	
hin 24 ncil in I niner's ( pages I hours c		WAS DECEASED EVER			m BURI	MAN S:	17. INFORMANT		]	Chere	esa	Delo		MU	RPHY	
within pencil xaminel ile page 72 hou	(1)	YES unknown	) (If yes give w	or or dales of service)			Offic	ial	Nava	al Re	cord	ds				
P.E			TH WAS CALISED	DV.	ne for (o), (b), on Injuries										PPROXIMATE WEEN ONSET	
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hauld word the Ch uriol-tro	CERTIFICATION	stoting the under		DUE TO, OR	AS A CONSEQUEN	CE OF									13.7	
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is certificate sho te, writing the v farwarded ta th te used as a buri remaval, and in		190. DATE OF OPE	RATION		19b. CONDITION I WAS PERFOR		PERATION							20.	AUTOPSY YES TX	
Th ifica I be ar	CAL CERT	210. EXTERNAL CA PRIMARY X OR (	USE WAS CONTRIBUTING	21b. TIME OF	INJURY Month, Do	, Yeor	21c. HOW INJUR								1-7 (23	
	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCU WHILE NOT AT WORK AT W			At home, form, str	eet,	21f. LOCATION S				City	or Town		Char		Stote M.D.
L EXA					ne remoins des			Autops	yX,		ection		quiry [			y opinion
bical please exect of director. Por retained far it DIRECTOR:		r =11,2 min 1 min 1	lited from:	Natural cous			Suicide [	], }	lomicide	e	Undet	termined i	monner	_		
Ty, pleceral directal directal prior to		ACTUAL SIGNATURE	Plu	& T	V		M.D.	ASSISTA	MEDICAL I	CAL EXAM	INER X	<b>d</b> k		esigned ember	~ 7 1	068
DEPU Cessal e fune may b FUNE FUNE		EXAMINER'S NAME (Type)	Edward	I F. Wil	son,M.D.				SS(Street,			nty)		CINDEI	- /,1	.900
10 the state of th	230.	BURIAL, CREMATIC REMOVAL (Specify TRANSIT	.)	DATE /8/68	23c. NAM	E OF CEMETER	Y OR CREMATOR	RY				(City or Tow		(County)	(St	ote)
VR A15ME (5)	14.	JOHN M.		LEONAR	DTOWN, MU	DDRESS			SO. REC'D					S SIGNATUR		د



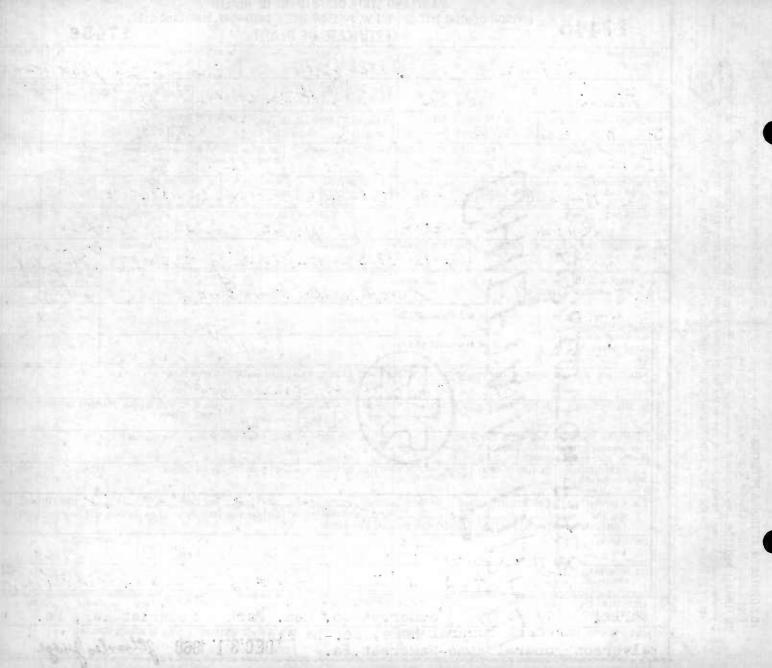
	415449	DIVISION C	OF VITAL RECORDS,	301 W. PRE	STON STREET, BA	LTIMORE, MAR	YLAND 21201		
	17443			CERTIFICA	TE OF DEATH	1		17454	
E LZE	1. DECEASED-NAME	First	Middle	A MARKA	Last	2a. DATE OF			2b. HOUR
uneral ond or death	(Type or print)	BERT F	AYES I	CHAM	1 BCRS	1:	2_Manth o	ay Sear 8	N
s tur	3. SEX	4. RACE	,		DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
the Pages	Male		Negro		May 10,1	867	101 YRS		HOURS MIN
A 100	7a. BIRTHPLACE (State or for country)	eign 7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
ZZ Fars	N.C.	US		WIDOWED [3]	DIVORCED	Char	les		Md
within 24 harrs after by filled in by the fundamental pages within 72 hours after	10. CITY OR TOWN OF DEATH	12	NAME OF HOSPITAL ORIN	STUTUTION OF 1961 i	n haspital 12a. U	SUAL OCCUPATION	(Kind of work dane	1 2b. KIND OF BUINDUSTRY	JSINESS OR
with with ban with with	Port Tobac	:co   C	handlers	Hope F	arm Fa	mily Re	ife, even if retired. tainer	) INDOSIKI	
amplet we car event,	13a. USUAL RESIDENCE (Whe admission) STWary	re deceased lived, if institution in the Land   13b. COUNTY	tution: Residence before Charles	Port T		NO X Cha	ndlers	Hope Far	cm
icate be executed within 24 has sician and campletely filled in the please remove carban papers. I, and in any event, within 72 ho	14. FATHER'S NAME Fire Unkr		Last	15. N	OTHER'S MAIDEN NAM	E First Unknown	Middle		Last
anc anc	16a. WAS DECEASED EVER IN	U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY	A	RMANT	9	Address	hose in the	
rtific ohys on p	Yes indorunknown)	In hes dive wer or order or service)	214-32-7	803 Mr	s. Elva B	DeMott	Port T	obacco, l	Vid.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hars after etained by the haspital or attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in by the shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after	18. CAUSE OF DEATH PART I. DEATH W.	(Enter anly ane cause per AS CAUSED BY: IMMEDIATE CAUSE (a)	line (a), (b), and (c).	pties	: Stea	rt S	silve	BETWEEN ONSI	TE INTERVAL ET AND GEATH
attendi permit. ion, ar r	402 X		R AS A CONSEQUENCE OF	1		2			
that the d an. by the att transit perr cremation,	Canditians, if any, whi	use (a) (b)	0 1	14 pert	ension				
equires that the physician. signed by the burial-transit burial, cremat	stating the underlyin		R AS A CONSEQUENCE OF	11					
equires 1 physicia signed 1 burial-fr burial, c	last.	, (c)_	BUZINO TO BEATH BUZ M	AT AFILITE TA T	is reposited biggies of	A COMPITION OFF			
w required by the property of	443	CANT CONDITIONS <u>CONTRI</u>	ROLING TO DEATH BUT N	OI KELATED TO TI	HE TERMINAL DISEASE C	KCONDITION GIVEN	IN PARI I(0)		300 B
he lay attend nas be e as t	19a. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES \to NO	CAUSES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CER	TIFYING
or or us		NDERLYING 21b. TIME	OF INJURY	21c. HOW	INJURY OCCURRED (E	_	y in Part 1 ar Part 2	2, Item 18.)	
CIAN Districted of Figure 1	OR CONTRIBUTING CA	USE OF DEATH HOUR A.M			Sec. (2) 16.	1111			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health priar ta burial, cre	21d. INJURY OCCURRED While Nat while Cat wark	21e. PLACE OF INJUR	Y (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		TION Street ar R.F.D.	No. City	ar Tawn	Caunty	State
ING by t ffer spe o	22o. I certify that	t (1) (this hospital) a	ttended the deceos	ed from		to		9, that (	(I) (we) las
END led St. A lid he S	saw the dece	eased alive or displayed (displayed)	d) (did not) view the	9, ond t	hat in (my) (aur) a	apinion deoth o	ccurred on the	dote and hour or	nd from the
Shau ith 1	22b. SIGNATURE	D///	a) (did not) view me	body offer det		/	22	c. DATE SIGNED	-
OR be re DIRE 3 ge 3 ed w		100	elew	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 1	2.44.	-68
TAL nay	22d. PHYSICIAN'S NAME (Type)	P I PA-1	M D		22e. ADDRESS	oto Mor	Land 2	0616	
NER Thor,		E.J.Edele		CENTYPRY OR CO			yland 2		(5 )
D H(	23a. BURIAL, CREMATION, BURIAL (Specify)	23b. DATE		CEMETERY OR CR				ntuy Md.	
() ^	24 CLINEDAL DIDECTOR		068 Old SI		1 25° DEC.1	D BY DECISTRAD	25k DEGISTDAD	R'S SIGNATURE	Juaco
VR A15 (A)	Arehart F	meral Hon	ne Inc. La	Plata	Md. n	FC 3 1 1	ARR OCL	ionla Pres	Lat



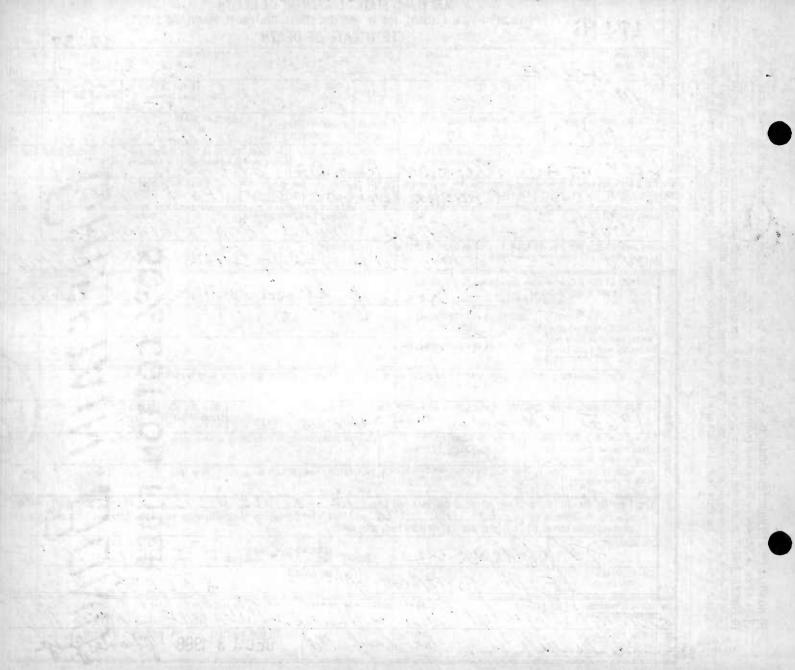
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17455 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month Day Year (Type or Print) ESTI-D DEATH MATED deloy CO 3. SEX S. DATE OF BIRTH 6. AGE (In years DATE PRONOUNCED DEAD and Day 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF BEAT MARRIED INEVER MARRIED Office alang with farm WIDOWED [ DIVORCED [ Give Pages the State 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR after death 10. COLD OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If ngt in hospital give street address) during mast of orking life even if retired.) DOMESTI (Where deceased lived, if institution! Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LI 13e. STREET AND NUMBER and 2 with 13b. COUNTY odmission) STA YES NO DENTSVILLE hours tem after 14 FATHER'S NAM IS. MOTHER'S MAIDEN NAME First Lost Middle hours within 17. INFORMANT pericit (Yes, no, or,unknown (If yes give war or dates of service) File 4 shauld be farwarded to the Chief Medical Ex within APPROXIMATE INTERVAL 2 be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a). Use ond (c). permit. PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). certificate shauld writing the word ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O SD remaval, used 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗌 NO F pe 10 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M PRIMARY OR CONTRIBUTING EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE C please execute the funeral directar. Page burial, 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection .... Inquiry and in my apinian death resulted fram Matural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE SEPUTY MEDICAL EXAMINER TO FUN. Health **EXAMINER'S** NAME (Type) ORESS(Street, city, tawn, ar caunty) 23a. BURIAL CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify EMETER 2Sh VR A15ME (5)

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		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7		CERTIFICATE OF DEATH 17456
# -2#		CEASED-NAME First, Middle Lost 2a. DATE OF DEATH 2b. HOUR
dea dea	(1	ype or print) DElma Dus En SErry December 29 1968 120 pm
P 24.3	3. SE	
the safe		Frankle White September 28, (892 last birthday) YRS. MONTHS DAYS HOURS MIN.
24 hours gpers. Po n72 hours		SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Md.
hin 2		ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  120. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY
rely wit		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER
omple ove ca		ssion) STATE Haryland 13b. COUNTY Chatter Indian Heid YES NO Laurel Drive
be exe	14. [	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Chaffinder
ficote   ysicion please please		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17. INFORMANT  172-12-03708 (5 m) Was Dussing P.O. Bex 147  172-12-03708 (5 m) Was Dussing P.O. Bex 147
ph hen hen	H	APPROXIMATE INTERVAL
th of ding		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:
deo ten mit , or		4270 IMMEDIATE CAUSE (6) Configurate often very
the at per tion		Onditions, if ony, which gove )
ot to		nise to immediate couse (a), (b).
s the sign of the		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
uire nysi gne griol rriol		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
The low requires the aftending physician. hos been signed by se os the buriol-tror the prior to buriol, createners.	Z	434/ Rtiumabil A-thribs generalyed
low endi s be os th rior	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The aff	RTIFI(	YES NO CAUSES OF DEATH?
N.N.: or or or or deal		21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
Per	MEDICAL	(If either, natify medical examiner)   P.M. 19
OR ATTENDING PHYSICIAN: "be retoined by the hospital or DIRECTOR: After this certificate as should be detoched for up a should be state Dept. of Health	W	21d. INJURY OCCURRED While Not while at work Not work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City or Tawn County State
No the edge of the date		22a. I certify that (1) (this haspital) attended the deceased from August, 1965, to 12427, 1968, that (1) (we) last
Aff d b d b d b e St		saw the deceased alive on 12/27 1965, and that in (my) (aur) apinian death occurred an the date and hour and fram the
OR: OR THE		causes stated abave (1) (we) (did) (did nat) view the bady after death.
OR A'OR A'OR A'OR A'OR A'OR A'OR A'OR A'		22b. SIGNATURE  22b. SIGNATURE  A January Lind Degree PHYS.  DEGREE PHYS.  DIRECTOR DIRECTOR PHYS.  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24-hours after death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the standard director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after leath		22d. PHYSICIAN'S NAME (Type) Front A. Susan DD. 22e. ADDRESS Rt. 1 Box So Indian Head Old 20640
LOSI UNE ecto buld	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Pog O F dire		Brown (2014)   1/1/1969   Somerset Co. Mem. Park Somerset TWP, Pa.
VR A15 (4)	24.	FUNERAL DIRECTOR Arehart Funeral AMESSINE Inc. La 1259 BEFORY MGATRAR 25b. REGISTRAR'S SIGNATURE
30M REV. 1/68	H	alverson Funeral Home-Somerset, Pa. DATEDEC'31 1968 Schools Judge

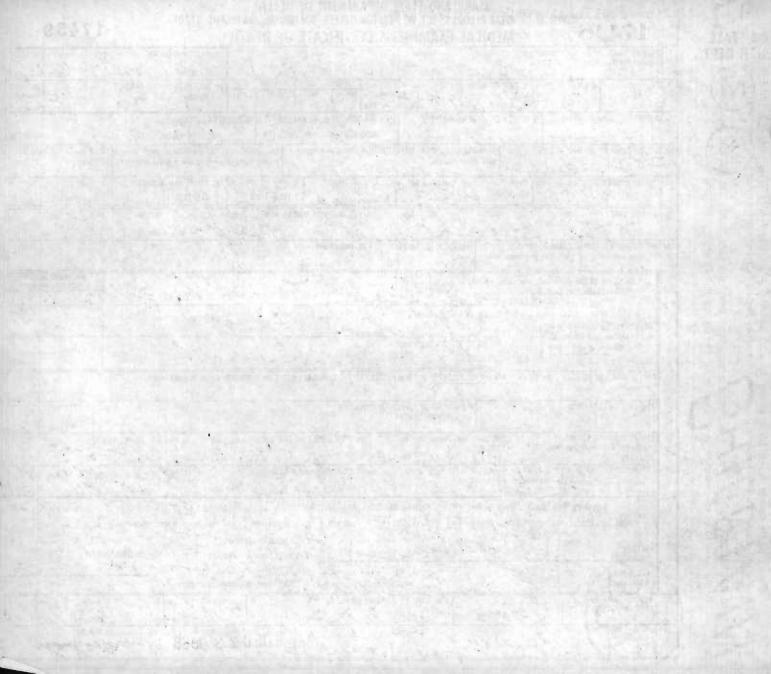


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17446 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR deoth. within 24 hours ofter deoth. pletely filled in by the funeral corbon papers. Pages I and ent, within 72 hours after death (Type or print) 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS HOURS 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED [ completely filled buriol, cremation, or removal, and in any event, within 10. CITY OR TOWN OF DEATH 11\_NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR ave street oddress) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CUPY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES execute remove 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First puo Lost Last pleose ottending physicial sermit. Then pleos TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMAN Yes, no or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) GETWEEN ONSET AND OFATI PART I. DEATH WAS CAUSED BY permit. Man IMMEDIATE CAUSE (a) the Canditions, if any, which gave t burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to b hos been CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? diaia, NES 17 NO [ be detached for use State Dept. of Heolth TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 12 - 3 1900 19 Def, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_ be retoined director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230. BURIAL CREMATION. 23b. DATE CEMETERY OR CREMATORY 23d./LØCATION/(City or Town) (County) (State) FUNERAL DIRECTOR VR A15 (4)

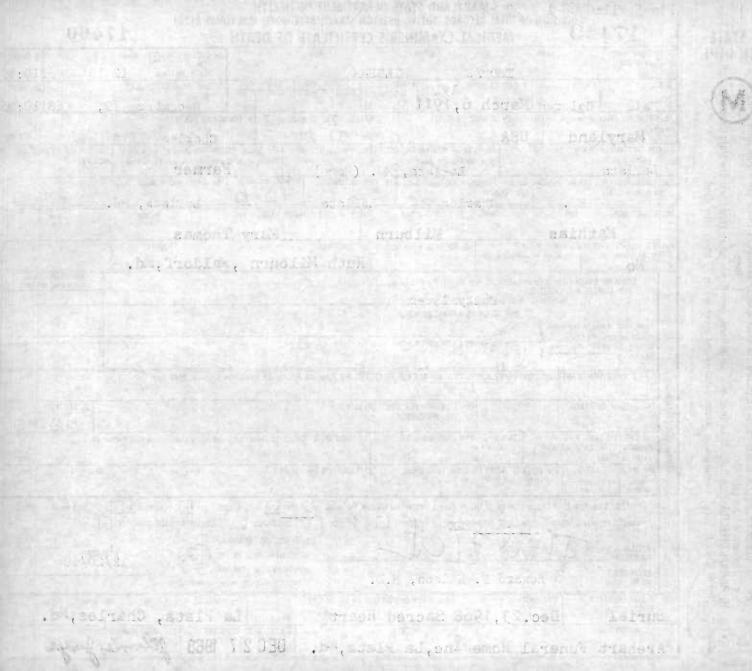


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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17459 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN THE Month (Type ar Print) OF ESTI-0 deloy IF UNDER 24 HRS 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD pup Tollore 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED DIVORCED 8. Give Pages ID. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) INDUSTRY Office alang death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY none l and 2 after 14. FATHER'S NAM Middle IS. MOTHER'S MAIDEN NAME farwarded to the Chief Medical Examiner's haurs pages pencil 17. INFORMANT (Yes, nowor unknown) (If yes give war or dates of service) within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). executed permit. BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (&) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (a), certificate shauld the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 writing as remaval, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? the certificate, should be 21a. EXTERNAL CAUSE-WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW MUURY OCCURRED House nature of 3 shauld PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. DIRECTOR: Page WHILE AT WORK AT WORK please execute 22a. I certify that I faak charge of the remains described above, held an Autopsy ... Inspection 7 Inquiry [4] director. Natural causes death resulted fram: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE **EXAMINER'S** O FUNEI Health may ADDRESS(Street, city, tawn, or county) NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATUR



31	Item5 FilmGLO8 1/2/69 kMARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	AND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17460
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost	2a. DATE KNOWN Month Day Yeor 2b. HOUR
ge to to	(Type or Print) THOMAS MILBURN	DEATH MATED 12 19 19 6810: 14
delay and 3 W3.	3. SEX 4. RACE S. DATE OF BIRTH 1910 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In u	2c. DATE PRONOUNCED DEAD 2d. HOUR Month Doy Year
iny delay 2, and 3 ms.	Male Colored March 6, 1911 58 YRS.	December 19, 1968 10: M5
	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED \(\bigcap\) NEVER MARRIED \(\bigcap\) 9. COU	INTY OF DEATH
th b o h tate	ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OC	CLUPATION (Kind of work done 12b. KIND OF BUSINESS OR
This certificate shauld be executed within 24 hours after death ficate, writing the ward "pending" in pending in lem 18. Give Pages 1, be farwarded to the Chief Medica Examiner's Office along with form debe used os a buriol-transit permit File pages Land 2 with the State Dar removal, and in any event within 72 hours after death.	give street oddress) during most a	tworking life, even if retired.)
offer Given I Give I Graph I G	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
hours afte Item 18. Gi Office alan 1 and 2 with	Md. Charles LaPlata	LaPlata, Md.
hou ltem Office Office after	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	Middle Lost
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cute dico dico withi	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)Fatty liver	BEIWER UNSELAND DEATH
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be 'p' 'hief	Conditions, if ony, which gove rise to immediate cause (a), (b)	
auld ware he ( iol-t	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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ICA   tor. cto.	death resulted fram: Natural causes xx, Acadent , Suicide , Hamicide	
please I director retained L DIREC	CHIEF MEDICAL EXAMIN	
Y, P rral AL pria	SIGNATURE	
	EXAMINER'S NAME (Type)  Edward F. Wilson, M.D.  DEPUTY MEDICAL EXAMI	11LC -
TO DEPUT necessary the funers 5 may be TO FUNERA Health p	230. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d.	LOCATION (City or Town) (Caunty) (State)
	Burial Dec.23,1968 Sacred Heart L	a Plata, Charles, Md.
<b>A</b>	24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV. 1/68	Arehart Funeral Home Inc, La Plata, Md. DEC 27	1968 Scharles Judge



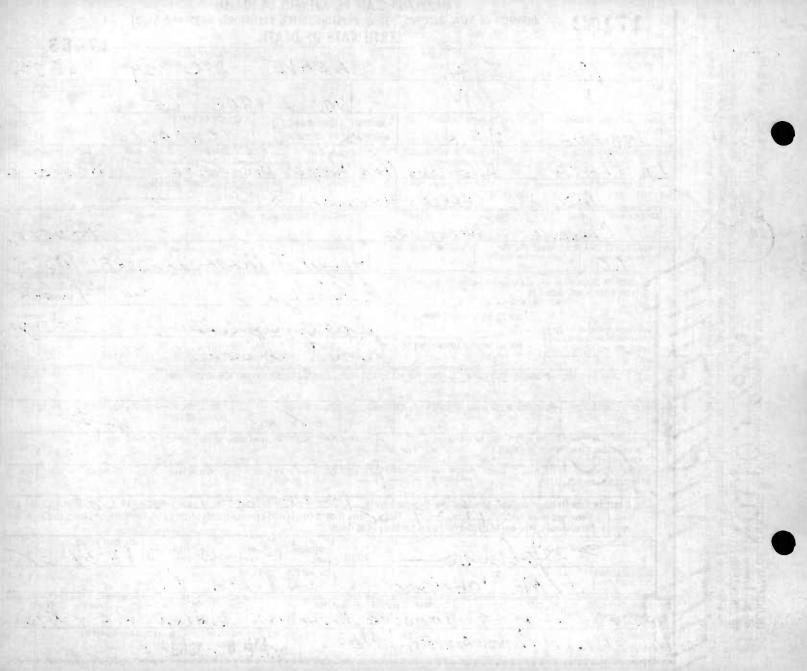
			MARYLAND STATE DEPARTMENT OF HEALTH	
	1		17450 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
			CERTIFICATE OF DEATH 17461	
death.	and 2 death.		ECEASED-NAME First Middle Cornelius MILLS 20. DATE OF DEATH  Type or print) SAMuel Cornelius MILLS DE Month Day Year 3A	IR I N
after	See Tu	3. SE		HRS. MIN.
4 haurs	in by ers. P	7a. E	BIRTHPLACE (State or foreign 7b. (ITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   9. COUNTY OF DEATH   9. Charles	Md
vithin 2	signed by the attending physician und completely filled in by burial-transit permit. Then please remave carban papers. Puburial, crematian, or remaval, and in any event, within 72 haurs	10. 0	Grayton  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during not mark in give street address or give street address to #6  12. USUAL OCCUPATION (Kind of work done during not marking life, even if retired.)	
wited v	unplete ve tark event,	13o. odmi	USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE Md.   13b. COUNTY Charles   Grayton   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13b. COUNTY Charles   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. COUNTY Charles   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY LIMITS?   13e. STREET AND NUMBER   13c. COUNTY Charles   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. COUNTY Charles   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. COUNTY Charles   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. COUNTY Charles   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. COUNTY Charles   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. COUNTY Charles   13c	
	and di rema in any	14. [	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Cornelius Andrew Mills Katherine Keiffer	
ficate	ysician please al, and	16o. Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or doles of service) 16b. SOCIAL SECURITY NO. 217-36-5478 Mrs. Mamie Golden-Sister-Nanjemoy, M	Id
th certi	ding ph Then remay		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	
he dea	permit permit ilan, or		43/9 DUE TO, OR AS A CONSEQUENCE OF	$\sim$
that t	by the transit crema		Canditions, if ony, which gave rise ta immediate cause (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
equires	signed burial- burial,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the haspital ar attending physician.	O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior ta	CERTIFICATION	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO PAGE OF DEATH?	
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G PHYSICIA! the haspital	this certi detached te Dept. af	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED Value of INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town Caunty State at wark at wark	3
TENDING ined by the	After the de de State		22a. I certify that (I) (this haspital) attended the deceased from 12-12, 1967, ta 12-14, 1966, that (I) (we) saw the deceased alive an 12-12-19 G, and that in (my) (aur) apinian death accurred an the date and haur and from causes stated above, (I) (we) (did) (did nat) view the bady after death.	las:
OR ATTEND	S shaul with th		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED	
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TO HOSPITAL OR Page 4 may be re-	D FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	230.	BURIAL, CREMATION, 23b. DATE 12/16/1968 23c. NAME OF CEMETERY OR CREMATORY BAPTIST Cemetery, Nanjemoy, Md. (Store)	
50	Col	24	FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR  25b. REGISTRAR'S SIGNATURE	
	VR A15 (4) 30M REV. 1768		rehart Funeral Home, Inc., La Plata, Md. DATE DEC 18 1968 Acharles Queses	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17462 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle Last 20. DATE KNOWN Month Doy Year 2b. HOUR (Type or Print) ESTI-RONALD DANTEL MOR SE 6, 1968 ay is 3 ta Page Dec. at MATED DEATH 3. SEX Male RACE White S. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 16 vi Dec. Day ?? M 2/12/1952 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Libya Charles USA DIVORCED [ WIDOWED [ Give Rages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done With 12b. KIND OF BUSINESS OR give street oddress Shore-Pat. River 00 during most of working life, even if retired.) INDUSTRY Unk. ecute the certificate, writing the ward "pending" in pencil in Item 18. Give Page 4 should be forwarded to the Chief Medical Examiner's Office along death. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Maryland 13b. COUNTY Charles Bethesda 13e STREET AND NUMBER 93300 Fern Wood Rd. 13d. INSIDE CITY LIMITS? YES NO T and 2 after Middle 14 FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME Middle First Last Rose Charles Morse Jr. J. Dnornik haurs pages 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS be executed within (Yes no or unknown) (If yes give war or dates of service) SAME as #14 Above Same /13e unknown APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (o). event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (a). This certificate shauld any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) D SD remaval, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES K NO T pe ö 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Dov. Year 3 should MEDICAL PRIMARY X OR CONTRIBUTING HOUR A.M. Drowning -sailboat accident cremation, **EXAMINER:** Unk . P.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, factory, affice building, etc.)
Water 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. Na. City or Town County State DIRECTOR: Page WHILE AT WORK AT WORK Charles M.D. Pat River burial, 22a. I certify that I taak charge of the remains described above, held an Autapsy 12, Inspection . Inquiry . ond in my opinian the funeral directar. Suicide Hamicide death resulted fram: Natural causes Accident x Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL December 7,1968 FUNERAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER 5 m TO FUN. Health **EXAMINER'S** Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 12/7/68 Cedar Hill Crematory Suitland Maryland Cremation 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home 1331 Rockville VR A15ME (5) 10M REV. 1/68

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		MARYLAND STATE DEPARTMENT OF HEALTH	
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	1 DE	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
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ate be existing and please rem		I. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng, or uniknown) (If yes give wor or dotes of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT Address	114
		Yes, na, ar unknown) (IT yes give war or agrees at service) ALLEN J. NEAVE, WALDORF,	MID.
ng p The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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CIAN ital o fificat for of Hec	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M. HOUR A.M. Manth Doy Year  P.M. 19	
Page 4 may be retained by the hospital or attending physicion.  To FUNERAL DIRECTOR: After this certificate hos been signed by the ottending phydisctor, page 3 should be detached for use as the buriol-tronsit permit. Then should be filed with the Stote Dept. of Heolth prior to buriol, cremotion, or remova	WE	While Not while (office Building, ETC.	unty Stote
The deliber		at work at work	
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ATTENE stained CTOR: A should ith the		couses stated abave, (1) (we) (did) (did not) view the bady after death.	
D HOSPITAL OR ATTEND Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE  DEGREE PHYS.  DIRECTOR DIRECTOR PHYS.  22c. DATE STAFF  12 - 22c. DATE STAFF  13 - 22c. DATE STAFF  14 - 22c. DATE STAFF  15 - 22c. DATE STAFF  16 - 22c. DATE STAFF  17 - 22c. DATE STAFF  18 - 22c. DATE STAFF  18 - 22c. DATE STAFF  19 - 22c. DATE STAFF  10 - 22c. DATE S	3/-GP
AL C		22d. PHYSICIAN'S 22e. ADDRESS 2.	
ro Hospital Page 4 may ro Funeral i director, pog should be fil		NAME (Type) F.M. JOHNSON LAPLATA, ///D.	
HOS ge 4 FUN rect	23a.		unty) (State)
5 5 b s	B	REMOVAL (Specify) 1-1-69 IMMANUEL METHODIST BADEN, P. 6	., MD.
VR A15 (4)	24.	FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR'S SIGN/	ATURE
30M REV. 1 ASE	177	FUNTT FUNERAL HOME, WALDORF, 111D. DATE JAN 6 1969 Cherry	A John Miles



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ju-		11.201		CERTIFICA	TE OF DEATH			1746	5
		CEASED-NAME First ype or print)	a S. Gertru	ide S	Rees	Dec Date of Di	Month & Day	1 968	26. HOUR 3, 15 A-M
	3. SI	Femle.	4. RACE	S	DATE OF BIRTH 8/23/	78 6	. AGE (In years lost birthday) YRS.		HOURS MIN
18	70.	SIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF D			
	(00)	Maryland  ITY OR TOWN OF DEATH	USA	WIDOWED X		CHARL			Md.
2.	,	ITY OR TOWN OF DEATH  La Plata	11. NAME OF HOSPITAL OR give street address) <b>Physician</b>	s Memor	in haspital 120. USU	AL OCCUPATION (K	and of work done even if retired.)	12b. KIND OF BUINDUSTRY	JSINESS OR
Q	13a.	USUAL RESIDENCE (Where decease	ised lived, if institution: Residence befa	re 13c. CITY OR TO	OWN 13d. INSIDE CITY I	LIMITS? 13e. STREE	T AND NUMBER		
0	agm	ssian) STATE Marylan	d 13b. COUNTY Charles	La Pl	ata YEX N	0□ Oak	Ave		
		ATHER'S NAME First	Middle Last	15. 1	MOTHER'S MAIDEN NAME		Middle		Last
	. 1	William Stev	ens		Laura	Jones			
		WAS DECEASED EVER IN U.S. ARI es, na, ar unknown)   (If yes give v	11 ( 1)		ORMANT	D T .	Address	(a a)	
)		No	212-56-	0667 T	walter	rees, La	Plata,		TE INTERVAL
	1	18. CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), and					BETWEEN ONS	ET AND DEATH
	19	PART I. DEATH WAS CAUSE IMMEDI.	ATE CAUSE (a) Candie	NUSE	lan Colla	m		31	~_
	12	Canditions, if any, which gave:	DUE TO, OR AS A CONSEQUENCE	OF	1	, ,	deseur	1 11	1 100-
		rise to immediate couse (o),	(b)	a of a	steriosila	to Co	er dio sasa	den 10	year
		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF .					
			ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO 1	THE TERMINAL DISEASE OR	CONDITION GIVEN I	N PART 1(a)		
		4221	NOTITORS CONTRIBOTING TO DENTIL BOT	NOT KELATED TO	THE TERMINAL DISEASE OR	CONDITION ON LIVE	n raki i(u)		
H	CERTIFICATION	19a. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF YI	ES, WERE FINDINGS CO	INSIDERED IN CER	TIFYING
-	IFIC				YES NO	CAUSES O	F DEATH?		
		21a. ACCIDENT WAS UNDERLYIF			V INJURY OCCURRED (Ente		in Port 1 or Part 2, I	tem 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Month Day Ye	ear 19					
	WEL	21d. INJURY OCCURRED While Nat while of work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCA	ATION Street or R.F.D. No.			County	Stote
		22o. I certify that (I) (th	his hospitol) attended the dece	osed from	Jent 19	18, to 8	Dec, 19_	68 , that (	I) (we) lost
		sow the deceased of	olive on Alexandre (did not) view to	_19(± d, ond	thốt in (my) (o <del>u</del> r) op	inion deoth oc	curred on the do	te ond hour o	nd from the
		22b. SIGNATURE	e, (1) (we) total (ata not) view to	ne body offer de	:01f1.	•	226 [	ATE-SIGNED	
		220. SIGNATURE	andan M	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. D	Dae Ca	8
		228 PHYSICIANS	10000 1000	a -	22e. ADDRESS		.4.4	. 5 =	
		NAME (Type) APR	THUR O. CL	BODDY	LA12		MARYLAI.	10 200	946
	23a.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	Dec.10,1968 St.	of cemetery or co	Epis. Cem	23d. LOCATION Chest	ertown,		(Stote)
1		FUNERAL DIRECTOR	ADDR	ESS	2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	100
	A	rehart. Biner	ral Home Inc. I	a Plata	a Md. DATEC	1 7 1968	Clian	las Conda	L

39571 And the state of t is Fletce - Ngalolana Mayoriak Ross. - Hall ava de la contra del contra de la contra del la william fravers Part (1906) at (1906) To (1906) at (1906) at (1906) magist W ( sec. 10, 10 of t. Paul 's Spic. Ceme. Chastariown, ant, MS. arear various lines inc., is the tell line will the little to the same of the

THE PARTY OF THE PROPERTY OF THE PARTY OF TH Bpff, 16 . Jpu Latine . The cases significant -3 3, 34 = 30. .b., Tuuwe -ampie miritis - Tendo t seak (C) (L) (C) (L) (C) (C) antial . 12/1/19ob . Halv Guest Demot are to Letter . Antilond . . . Start in Asiant Tune for Tour, see is mul- see, and les enur practe in the sec

1	MARYLAND STATE DEPART	MENT OF HEALTH Item 2 Film Glilo 3 TREET, BALTIMORE, MARYLAND 21201	/10/69 kk
FOR STATE	MEDICAL EXAMINER'S CERT		18531
HEALTH DEPT.	(EASED-NAME First Middle ype or Print) John Frances Tolson	Lost 20. DATE KNOWN Month OF ESTI- DEATH MATED 72	Day Year 2b. HOUR 23 1968 M
a Solde	Male Negro 11-9-1068 last birthdayl MON	IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD NTHS DAYS HOURS MIN. Month 12 Day 23	Yearl 968 2d. HOUR
De de la	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED  TY OR TOWN OF DEATH  7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED  WIDOWED  TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (IF r		Mc 12b. KIND OF BUSINESS OR
after death 8. Give Pages 1, along with form with the Store De leath	arlotte Hall Md. give street oddress)	during most of working life, even if retired.)	INDUSTRY
s alf	CV 18110 VIIIL TO D	te Haliks   No	
5 5 5	orge J.Tolson	MOTHER'S MAIDEN NAME First Middle Dorothy Brown	Lost
thin mine page		orothy Tolson-Mother Char	lotte Hall
0 0	193	ath in infancy (SDII)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF		
= 0 0 ×=	lost. (c)		
tificate iting th arded to d as a b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE		
his ate,	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY? YES XX NO
<b>差</b> 一	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Iter	
XAMI ore the ge 4 s your f Page 3	21d. INJURY OCCURRED  WHILE NOT WHILE TAT WORK AT WORD WORK AT	OCATION Street or R.F.D. No. City or Town	County State
ICAL E executor. Por ed far CTOR: 6	22a. I certify that I taak charge of the remains described abave, he deoth resulted from: Noturol couses XX Accident . Su	eld an AutapsyXX, Inspection, Inquiry, vicide, Homicide Undetermined manner [	_ ′ ′
please of director retainer to be right to	ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER   22b. DATE ST	,
TO DEPUTY DICAL Enecessary, please executive funeral director. Pa 5 may be retained for TO FUNERAL DIRECTOR: Health priar to burial,	EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	DEPUTY MEDICAL EXAMINER 12/25/ ADDRESS(Street, city, town, or county)	68
To I	BURIAL CREMATION, 236. DATE 23c. NAME OF CEMETERY OR ( REMOVAL (Specify) 2-25-69 Medical Exam.		(County) (State)
81-31486 VR A15ME [5] 10M REV. 1/68	FUNERAL DIRECTOR ADDRESS	250. RECD BY REGISTRAR 256. REGISTRAR'S SI	
10/01 KEV. 1708			4 4

THE RESERVE TO STATE OF THE PARTY OF THE PAR **有关时间接到陈泽思的问题的**是是不是一种的一种的。 COST PA ANTA

- 0	1	MARILAND STATE DEPARTMENT OF HEALTH	
-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4 W 4 9
		CERTIFICATE OF DEATH	17467
4 _24		ECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
erg and leat	(	Type or print) - Nettice Samantha Viars Dec Month 15 Day	1968 80 M
fun 1	3. S		IF UNDER I YEAR IF UNDER 24 HRS.
office of the of		T = 2021   last birthday)	MONTHS DAYS HOURS MIN.
Page	70	PETITION ACTION OF MALE CONTROL OF MALE CONTROL OF STATE	
Pic n		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24 ed i		VIRGINIA USA WIDOWED DIVORCED CHARLES	Md.
章 章 4 A	10.	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mets) of working life, even if refired.)	12b. KIND OF BUSINESS OR
ed within 24 hours after death tely filled in by the funeral carbon papers. Pages 1 and 2 ent, within 72 hours after death	1	APLATA give street oddress) CANS MCM HOSPIT HOUSEWIFE	DOMESTIC
D signature of	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
E @ 3 ( )	adm	ission) STATE MD 136. COUNTY CHARLES Indian HEAD YES NOW RIH BOX 10	7
nd com nd com any ev	14.	FATHER'S NAME First - Middle Last 1s. MOTHER'S MAIDEN NAME First Middle	Last
E E		JAMES WILLIAM SMYTHERS LILA CAUDLE	
ian jan	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. JAFORMANT Address	1
OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the haspital or attending physician.  SIRECTOR: After this certificate has been signed by the attending physician as should be detached far use as the burial-transit permit. Then please ad with the State Dept. af Health priar to burial, crematian, ar remayal, and in		(es, na, ar unknown) (If yes give war or dates of service) 2/4-52-68/0 ALFRED VIARS TAIDIAN HE	= 12 M2
ph ph ave	H	The state of the s	APPROXIMATE INTERVAL
e H		1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	BETWEEN ONSET AND DEATH
eat end mit.		IB. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Avrest	minutes
aft and		DUE TO, OR AS A CONSEQUENCE OF	
art the		Canditions, if any, which gave) (b) Myocardial Interction	minutes
tha:		rise to immediate cause (a), (stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
es iicio al-tr		lost. (c) Coronary artery Disease	years
physical properties of the pro	100	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	-1-0
o b		4201 Diabetes melitus	
av th art	15 No	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
ifter as as as principal p	CERTIFICATION	YES NO X CAUSES OF DEATH?	NO DENED IN CERTIFIED
e he he like	ERT	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, III	101
AN al cal far He		The contributing Cause of poarth  HOUR A.M. Month Day Year  (If either, notify medical examiner)  P.M. 19	iem IB.)
Sic spit	MEDICAL	(If either, notify medical examiner) P.M. 19	
ha ha ach	≥	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while	County Stote
the det		at wark — at wark —	
ffer be stated	Н	22a. I certify that (I) (this hospital) attended the deceased fram 6 Dec., 1968, to 15 Dec., 19	lost (I) (see) lost
bed		sow the deceased olive an 14 Dec 1965, and that in (my) (our) opinion death accurred on the dat	te and haur ond fram the
Find Sold		couses stoted obave, (I) (we) (did) (did not) view the bady ofter deoth.	A 20 A A A A A A A A A A A A A A A A A A
ret ret will will will will will will will wil		AITENDING TO MED. STAFF I J	DATE SIGNED
De pe		DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DI	Declos
AL AL poor		22d. PHYSICIAN'S NAME (Type) J. G. B. Mason M.D. 22e. ADDRESS P.D. BOX 939 La Plata.	m1 20/11
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condirector, page 3 should be detached far use as the burial-transit permit. Then please have should be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any		10.00%	Md. 20646
FU Page	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
5- 5-2 ×	1	REMOVAL (Specify) 12/17/68 TRINITY MEMORIAL WALDERT CAI	ARIES MI).
VR A15 (4)	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
30M REV. 1/68	1	tupt fun ERAL Home, WALLORF, MD DATE DEC 19 1968 folio	Las Just

